

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		2					53				
4		1					54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23			1		1		73				
24				1		1	74				
25				2		2	75				
26							76				
27							77				
28							78				
29							79				
30							80				
31				2		2	81				
32				1		1	82				
33				1		1	83				
34				1		1	84				
35				1		1	85				
36				1		1	86				
37				1		1	87				
38				1		1	88				
39				1		1	89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			1		1		TOTAL IND.				
TOTAL DEP.					21		TOTAL DEP.				
TOTAL CLAIMS					22		TOTAL CLAIMS				